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Bib Data Sheet

CONFIRMATION NO. 8156

<b>SERIAL NUMBER</b> 10/063,524	<b>FILING OR 371(c) DATE</b> 05/02/2002 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> P3230R1C001-168
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## APPLICANTS

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OK ~ 8/3/06

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/006,867 12/06/2001 which is a CON of PCT/US00/23328 08/24/2000  
 which is a CIP of 09/380,137 ABN  
 which is a 371 of PCT/US99/12252 06/02/1999  
 which claims benefit of 60/088,029 06/04/1998

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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

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## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/29/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 168	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

## ADDRESS

30313

## TITLE

ANTIBODIES TO A POLYPEPTIDE SUPPRESSED IN STOMACH TUMORS

<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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